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**AHP**

Australian Humanitarian Partnership

# **Evaluation of the AHP Bangladesh Humanitarian Response Phase III**

Terms of Reference – January 2023

24 JANUARY 2023

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## SUMMARY

<b>Evaluation:</b>	A comprehensive three-year consortium response in Bangladesh addressing humanitarian and recovery needs of refugee and host communities
<b>Consultant Days:</b>	Up to 95 days input by an evaluation team
<b>Start Date:</b>	March 2023
<b>End Date:</b>	May 2023
<b>Submissions due:</b>	17 February 2023

## INTRODUCTION

The Australian Humanitarian Partnership (AHP) is a partnership between the Australian Government and six Australian non-government organisations (NGOs). It aims to support responses to crises in a range of geographic locations and to deliver high-quality targeted humanitarian programs that complement funding to United Nations (UN) and other specialist agencies.

The AHP Bangladesh Humanitarian Response Phase III (AHP Bangladesh Phase III) is a three-year phase (July 2020 – June 2023) funded as part of the Australian Government's Bangladesh Rohingya and Host Community Humanitarian Package (2020-2022) to address the ongoing needs of displaced Rohingya and host communities. There are over 950,972 Rohingya refugees/Forcibly Displaced Myanmar Nationals in Bangladesh<sup>1</sup>. The Rohingya refugees/Forcibly Displaced Myanmar Nationals reside in 33 congested camps formally designated by the Government of Bangladesh in Ukhiya and Teknaf Upazilas of the Cox's Bazar District, as well as on the island of Bhasan Char<sup>2</sup>.

AHP Bangladesh Phase III is delivered through a consortium model by six NGOs: CARE, CAN DO platform (Christian Aid, Caritas and RDRS), Oxfam, Plan International, Save the Children, and World Vision. The consortium approach in Bangladesh draws on the experience and operational capacity of each partner and their networks. CARE is the lead of the Consortium Management Unit (CMU). This approach aims to enable broader geographic reach, better coordination with key stakeholders and improved collective response to the needs of Rohingya and host communities affected by the crisis.

An independent, joint evaluation of AHP Bangladesh Phase III will be undertaken in early 2023, prior to the completion of AHP Bangladesh Phase III. This is aligned with the AHP Evaluation Policy which states that any activation over \$3 million will be the subject of an evaluation to support learning and increase accountability and transparency. The evaluation will assess the impact, effectiveness, efficiency, relevance and sustainability of AHP Bangladesh Phase III and assess the extent to which it has met the needs of the most vulnerable, has been accountable to the affected populations, and has been implemented through an appropriate locally led approach. The evaluation will also seek to determine the contribution and role of ANGOs in supporting downstream/in-country NGO programming, reporting and processes (i.e. capacity building, support with reporting, support on safeguarding and standards, technical support). Finally it will consider the implementing partners' experience in responding to COVID-19 and the effectiveness of COVID-19 pivots.

## Background

The AHP Bangladesh Phase III was initially designed as a \$44 million response aiming to contribute to the overarching DFAT Bangladesh Rohingya and Host Community Humanitarian Package (2020-2022). The overall objective of the Department of Foreign Affairs and Trade (DFAT) Bangladesh Multi-year Package is to: *'Contribute to international efforts to meet humanitarian and protection needs and increase self-reliance and resilience building of Rohingya and host populations*

<sup>1</sup> Joint Government of Bangladesh - UNHCR Population Factsheet 30 November 2022

<sup>2</sup> 2022 Joint Response Plan Rohingya Humanitarian Crisis, p.13

in Bangladesh'. AHP Bangladesh Phase III intends to achieve this via: *'Delivery of a well-coordinated and inclusive program in strong partnership with national and local partners'*.

AHP Bangladesh Phase III is aligned with all DFAT Bangladesh Multi-year Package high-level outcomes: basic needs, self-reliance, resilience and reform (see program logic in Figure 1). Intermediate outcomes delivered by partners include:

- providing accessible and inclusive primary education, protection services, WASH and health services (including psychosocial services) to meet basic needs (Intermediate Outcomes 1.1 – 1.3)
- supporting the ability of Rohingya and host communities, and individuals, to be more self-reliant. This includes specific skills development initiatives for women, youth and people with disabilities (Intermediate Outcome 2.1 – 2.2)
- mitigating exposure and preparing for both health-related and disaster-related shocks including through improved social cohesion (Intermediate Outcomes 3.1 -3.2)
- working together to improve the humanitarian system through localisation, accountability to affected populations, collaborative engagement and coordinated engagement with external actors (Intermediate Outcomes 4.1 – 4.2).

### Project Overview

AHP Bangladesh Phase III builds on two previous phases which had a combined investment of AUD 16 million. Both early phases were evaluated. AHP Bangladesh Phase III represented a new implementation model with all AHP partners forming a consortium under a single design with additional support through a stand-alone Consortium Management Unit (CMU). Under this model, AHP Bangladesh Phase III is implemented by six NGOs including CARE, CAN DO platform (Christian Aid, Caritas and RDRS), Oxfam, Plan International, Save the Children, and World Vision. CARE leads the CMU in Cox's Bazar. Program governance also includes a Cox's Bazar Steering Committee, Dhaka Governance Committee and Australian Reference Group.

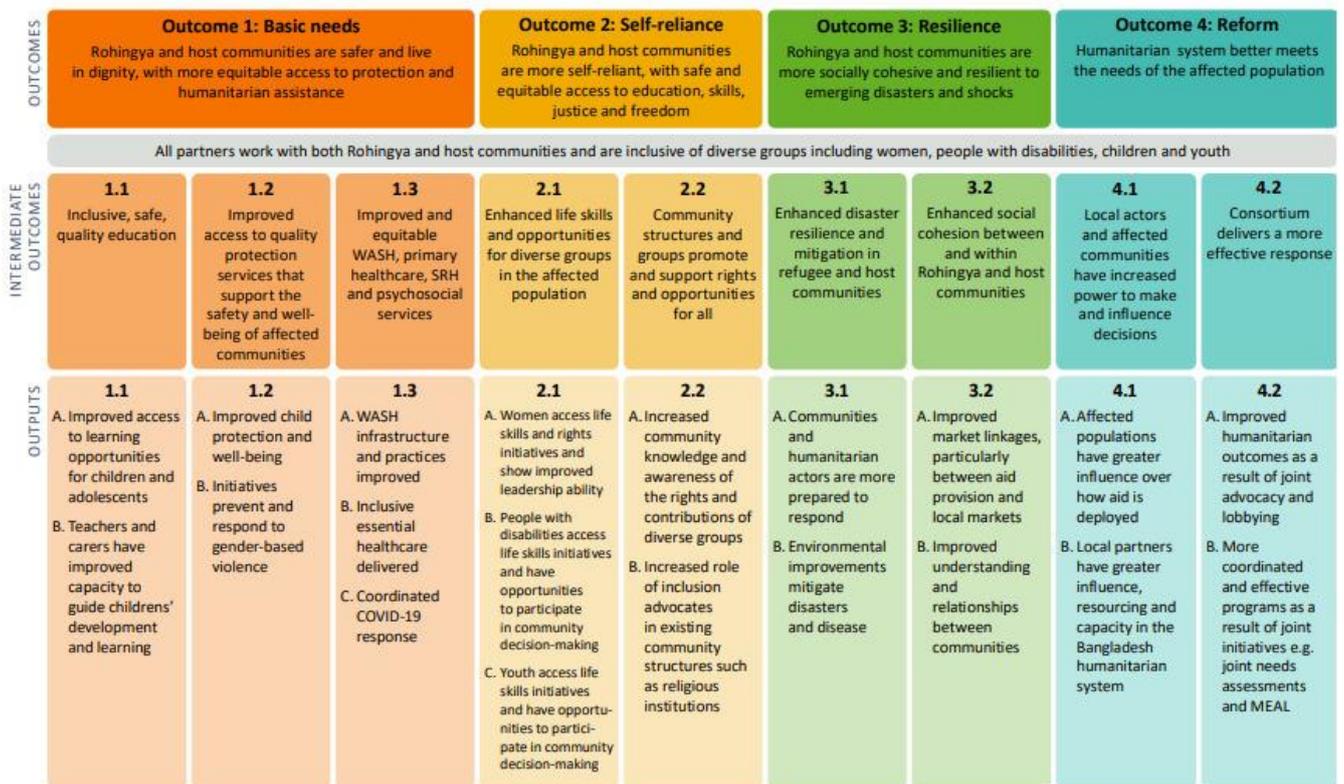
The AHP Bangladesh Phase III design was finalised and approved in April 2020. Given the emergence of COVID-19, in May 2020 three AHP partners (CARE, Save the Children and World Vision) submitted proposals to immediately begin COVID-19 response activities, building on their existing presence in the camps. All other partners began their humanitarian activities in July 2020.

### Project Outcomes

Planned outcomes of the AHP Bangladesh Phase III are outlined in the program logic (see Figure 1). These outcomes have been informed by the following key considerations:

- Flexibility: three-year programming allows flexible and adaptable programming based on emerging and changing priorities.
- Refugee and host community: activities have been designed to meet needs in refugee and host communities and contribute to building social cohesion wherever possible.
- Collective impact: the program is designed to maximise collective impact. Specific activities that can foster collective action and impact are identified under most outcome areas.
- Protection and inclusion: because people – particularly vulnerable groups– are affected differently by humanitarian crises, activities are designed to address their individual needs.
- Grand Bargain commitments: best practice will be guided by commitments under the Grand Bargain. This is reflected throughout the program design, such as in commitments to localisation.

Figure 1 AHP Bangladesh Consortium program logic



COVID-19 affected all humanitarian programs from 2020 onwards and had a substantial impact on the implementation of AHP Bangladesh Phase III. While the program still addressed a broad spectrum of humanitarian needs, the implementation priorities and modes of implementation had to be adapted to accommodate the pandemic. Restrictions to reduce transmission saw Government of Bangladesh regulations restricting access to refugee communities and reducing the scale of approved humanitarian action according to essential and non-essential services. This impacted particularly on education and the use of learning spaces, the ability to provide life skills training to vulnerable groups, protection activities, including prevention of gender-based violence (GBV), and planned disaster risk reduction initiatives. It also negatively impacted the agencies capacity to monitor the program closely and spend their available budgets. Despite this, the six partners have reached over 514,000 men, women, boys and girls in affected communities since the start of the Phase III response, according to NGO partner reporting.

### Project Partners' Focus

#### CAN DO

CAN DO is working with local partners through a consortium called EKOTA (*Christian Aid, Caritas Bangladesh, RDRS Bangladesh*). Partners are working towards all DFAT package high-level outcomes: basic needs, self-reliance, resilience, and reform. Their focus is on inclusive WASH, self-reliance, and protection to support refugees and nearby host communities. EKOTA also aims to increase community self-reliance and resilience through livelihoods, environmental protection and disaster risk reduction activities. CAN DO has extended its work to the nearby sub-districts: Moheshkhali and Ramu.

#### CARE

CARE's programming is contributing to all four outcomes of the AHP Package. The CARE focus is on GBV and Sexual & Reproductive Health (SRH), with a strong component of WASH and disaster risk reduction, including hardware and message promotion. CARE's programming is complemented by a role as host of the CMU.

## OXFAM

Oxfam is also working towards all DFAT package high-level outcomes. The Oxfam component of the project works across the three main sectors of protection, WASH and food security/self-reliance. Gender and inclusion are embedded within each sector. The project reaches affected populations in both camp and host communities whilst working to enhance social cohesion between these communities. Oxfam is also the lead for localization across AHP Bangladesh Phase III.

## Plan International

Plan International activities align with all four of DFAT's outcome areas: basic needs, self-reliance, resilience and reform. Plan International focuses on vulnerable children, adolescents and youth through targeted child protection in emergencies and education in emergencies activities. Other activities include: the provision of early childhood education; case management and community-based child protection; adolescent life skills and livelihood education; short-term income generating opportunities; community engagement in everyday peace building; and social cohesion building. Plan also leads the gender equality theme across AHP Bangladesh Phase III.

## Save the Children

Save the Children is focused on contributing to the delivery of Outcome 1 (Basic Needs) of the AHP Package through provision of inclusive education, health, and protection services for Rohingya refugees and adjacent host communities living in Cox's Bazar and Outcome 4 related to improving systems for response. Save the Children is leading education programming, building on previously funded activities implemented by the AHP.

## World Vision International

World Vision International activities align with DFAT outcome areas: basic needs and reform. The World Vision International program has been designed to meet immediate life-saving needs, including of persons with disabilities, through provision of education, emergency WASH and protection support. The programming has a particular focus on child protection. The disability inclusion component has been sub-contracted to World Vision partner CBM Global who works directly with the Centre for Disability in Development (CDD) in Bangladesh. CBM Global and CDD disability inclusion experts constitute the Disability Inclusion Technical Unit that is providing disability inclusion technical support to all the consortium partners.

# SCOPE

## Evaluation purpose

In 2022 a governance review of the AHP Bangladesh Consortium was completed. The 2022 review looked at the performances of the various governance committees and recommended a renewed way of working together.

The purpose of the 2023 independent evaluation is broader and will include a review of the program itself. It will evaluate the extent that the AHP Bangladesh Phase III realised the outputs, intermediate outcomes and outcomes articulated in the program logic, as well as identifying gaps and providing recommendations. The evaluation will also assess the effectiveness of the accountability mechanism, the level of beneficiary satisfaction and the lessons learned in program implementation.

In addition, the evaluation will review the implementing agencies response to COVID-19 and the value add of utilising international agencies (AHP partners) to partner and support in-country NGOs. The evaluation should also consider the effectiveness of the design, the consortium approach and the broad governance arrangements, noting the recent review acknowledges issues in the governance arrangements may have an impact on the overall performance of AHP Bangladesh Phase III.

## Evaluation context

AHP Bangladesh Phase III aims to contribute to a better humanitarian response to Rohingya refugees and the host communities of Cox's Bazar, Bangladesh. It intends to achieve a better humanitarian response through 'delivery of a well-coordinated and inclusive program in strong partnership with national and local partners'. The AHP partners (i.e. CARE, CAN DO, Oxfam, Plan, Save the Children, and World Vision) implement alongside their national and local partners to contribute

to the AHP Bangladesh Phase III high-level outcomes, including basic needs, self-reliance, resilience and reform, as outlined in the program logic. The expected outcomes primarily involve service delivery through multiple sectors including education, health, WASH, and livelihoods.

The AHP Bangladesh Phase III consortium is coordinated and supported by the CMU. The CMU has formed nine technical working groups, including cross-cutting themes such as Monitoring, Evaluation, Accountability and Learning (MEAL), Communications and Advocacy, localisation and gender and disability inclusion. In addition, the concept of Accountability to Affected Populations (AAP) has been embedded in the design of the program. The CMU is leading a number of research and review initiatives, supports consortium-level MEAL and communications and holds consortium meetings and workshops with the agencies.

### Evaluation Criteria

The evaluation will assess the **impact, relevance, effectiveness, efficiency** and **sustainability** of AHP Bangladesh Phase III.

All AHP evaluations also investigate four common cross-cutting issues:

- inclusion (gender, disability and other social disadvantage including those related to age and ethnic minority)<sup>3</sup>
- accountability to affected populations
- localisation, and
- cost effectiveness.

In addition, this evaluation will review the design/model adopted for AHP Bangladesh Phase III (including governance arrangements, with reference to the 2022 governance review) to assess the impact, if any, of the consortium approach. This will extend to examining the role of the AHP agencies as intermediaries supporting locally-led humanitarian solutions (e.g. supporting local programming and decision-making and providing capacity development to local implementing partners).

The evaluation will deliver a set of findings regarding the AHP Bangladesh Phase III, and the agencies work in relation to COVID-19, for consideration by DFAT and the AHP NGOs. Recommendations must be practical and focused on learnings for any potential next phase and/or future implementation of other DFAT programs and activities by the NGOs.

## EVALUATION TEAM

The evaluation will be conducted by a team of up to three consultants, who can be engaged either as a consortium or as individuals. The evaluation team will include:

- **Evaluation Team Leader** – a senior evaluation specialist with Bangladesh and international experience in evaluations in complex humanitarian responses.
- **Two Team Members** – experienced in a sector relevant to AHP Bangladesh Phase III, including education, health, WASH, protection, livelihoods, disaster risk reduction, and/or a relevant thematic area (i.e. gender equality, disability inclusion, localisation, MEL). The team members must also have a strong knowledge of the local languages and context.

The evaluation team must have demonstrated access to affected populations or the ability to obtain this.

All consultants will be engaged by the AHP Support Unit (AHPSU). The AHPSU welcomes applications from all interested consortiums or individuals for either the Team Leader or team member positions. See submission details below.

## METHODOLOGY

The evaluation team will develop a comprehensive and rigorous evaluation methodology and will document this in an Evaluation Plan including the relevant data collection and analysis tools. The evaluation methodology will address the requirements of DFAT's Monitoring and Evaluation Standards<sup>4</sup>. The evaluation approach should take full account of the

<sup>3</sup> The design of AHP Bangladesh Humanitarian Response Phase III explicitly targeted gender and disability aspects of inclusion.

<sup>4</sup> [DFAT Design and Monitoring and Evaluation Standards | Australian Government Department of Foreign Affairs and Trade](#)

program's focus on inclusivity, for example through a feminist evaluation approach. The approach to data collection will be comprehensive, involving several different methods to triangulate data. It should also use tested frameworks and data collection tools. A focus on contribution over attribution should be incorporated into the data collection and analysis to gain a deeper understanding of AHP Bangladesh Phase III effectiveness in delivering against outcomes.

A participatory evaluation approach will be incorporated into the evaluation. Throughout the evaluation there will be consistent attention to inclusion, involving men, women, children, people with disabilities, host communities and households and minority groups.

The evaluation will be designed and conducted with regards to high standards of ethical conduct. The approach to ethics and safeguarding will be documented in the Evaluation Plan (see the *Australasian Evaluation Code of Ethics and Guidelines for the Ethical Conduct of Evaluations*<sup>5</sup> and *Sphere Standards for Monitoring and Evaluation*<sup>6</sup>).

Key steps in the evaluation will include:

1. Developing a detailed evaluation plan, including methodologies, evaluation question matrix, sampling framework for qualitative and quantitative data, data collection tools, interview guides, field testing, enumerator training (if necessary), quality control mechanism, a framework for data analysis, and timeline. The evaluation team should ensure that the perspectives of the affected peoples are central to the evaluation plan. The evaluation plan will be updated and finalised based on feedback from the AHP NGOs in Australia and Bangladesh (including CBM who will review the tools for disability inclusion), DFAT and the AHPSU.
2. Developing a rubric with input from key stakeholders identifying clear standards for each of the evaluation questions to enable the evaluation team to make a transparent judgement about the project.
3. A desk review of background documents (approved proposals, Project Implementation Plans, needs assessments, Baseline Study Report, progress reports, monitoring, evaluation and learning frameworks, relevant monitoring data, external background documents, etc.).
4. Develop and remotely test all data collection tools, before wide-spread use, ensuring that they are appropriate for all sectors of the community, including people with disabilities.
5. Develop a sampling frame in collaboration with key stakeholders, preferably having representative samples from all agencies.
6. Collect data through key informant interviews, focus groups, surveys, direct observation and/or other appropriate data collection techniques. Data collection should include:
  - the implementing agencies and stakeholders in Bangladesh including Cox's Bazar program implementing staff, steering committee and local implementing partners, Dhaka-based NGO leadership, DFAT Post, the Government of Bangladesh, other implementing partners and regulatory authorities
  - Rohingya and host communities, noting that all field data collection will require approval of the Refugee Relief and Repatriation Commissioner
  - stakeholders in Australia, including DFAT and Australian NGOs.
7. Analyse and triangulate data against the evaluation questions and rubric.
8. Present preliminary findings for sense checking with ANGO consortium stakeholders, relevant DFAT representatives and the AHP staff and partners.
9. Write an evaluation report suitable for publication, to be published on DFAT's official website, the AHP website and elsewhere.

<sup>5</sup> <https://www.aes.asn.au/ethical-guidelines>.

<sup>6</sup> <https://www.spherestandards.org/resources/sphere-for-monitoring-and-evaluation/>

10. Communicate key findings through a verbal report to the Evaluation Review Committee members and AHP NGOs. This may include separate presentations in Australia and Bangladesh and may be delivered remotely.

Notes:

- Data collection will need to be culturally appropriate and consider issues of language, literacy and mobility restrictions that may apply to Rohingya and host communities so that all stakeholder voices are included.
- Data collected will be disaggregated by gender, disability, and other relevant attributes.
- The evaluation process must be conducted in line with DFAT's Environmental and Social Safeguard Policy<sup>7</sup> and DFAT's Ethical Research and Evaluation Guidance<sup>8</sup> which outline specific requirements on safeguarding of communities and privacy and confidentiality.
- The Team Leader will provide regular briefings to the AHPSU MEL Manager and Evaluation Review Committee as required.

## KEY EVALUATION QUESTIONS

A comprehensive set of guiding evaluation questions provide a framework for the evaluation. The Evaluation Team Leader will further **consider and refine the questions** in collaboration with their team and key stakeholders in preparing the Evaluation Plan within the scope and scale of the evaluation process.

1. How relevant were the design and activities of the AHP Bangladesh Phase III program?
  - a) To what extent did the outcomes, outputs and activities reflect the needs of the affected population?
  - a) To what extent did the assistance align with humanitarian standards, such as the Core Humanitarian Standards and key Australian government policies, including DFAT's Humanitarian Strategy (pre-COVID) and the Australian Government's COVID-19 Aid Strategy, *Partnership for Recovery: Australia's COVID-19 Development Response*?
  - b) To what extent, if any, have the AHP Bangladesh Phase III response approaches, initiatives and activities contributed to the Australian Government's broader Bangladesh Humanitarian Assistance Package?
  - c) Was the use of international NGOs relevant in the context and was there any added value to this approach?
2. To what extent have the four End of Program outcomes had an impact on people's lives?
  - a) To what degree are communities safer and have more equitable access to protection and assistance (including women, youth, and people with disabilities)?
  - b) To what extent did communities become more self-reliant, for example through:
    - i. increased number and variety of life skills that enable different groups to access employment or engage in community groups?
    - ii. services (including networks and supports) that are increasingly accessible to different groups (women, youth, people with disabilities)?
  - c) To what extent are communities more cohesive and resilient to future disasters?
  - d) To what extent do local humanitarian systems, including local NGOs, better meet the needs of the affected population as a result of AHP Bangladesh Phase III initiatives?
3. To what extent was AHP Bangladesh Phase III effective in delivering on outputs and outcomes?

<sup>7</sup> [Environmental and social safeguards | Australian Government Department of Foreign Affairs and Trade \(dfat.gov.au\)](#)

<sup>8</sup> [Ethical Research and Evaluation Guidance Note \(dfat.gov.au\)](#)

- a) What were the barriers and enablers to effective achievement of the outcomes? Were there any unintended outcomes, either negative or positive?
  - b) Was the delivery of the AHP Bangladesh Phase III able to respond adequately to the changed context of COVID-19 and other disasters/conflicts? How effectively did it do this?
  - c) To what extent, if any, did the consortium approach impact the overall effectiveness/results of the AHP Bangladesh Phase II response? Did the consortium approach lead to better coordinated programs with communities and key partners (i.e. needs assessments, resource management, communication and MEAL)? What were the governance challenges of the consortium approach and are there any findings that could inform effectiveness of future programming?
  - d) What are the lessons learned from implementation of this program (for example, what did the program do well and why, what did the program not do well and why, what could have been improved in the program based on the participant feedback)?
4. How efficient was the AHP Bangladesh Phase III, including in terms of cost?
    - a) To what extent was the AHP Bangladesh Phase III implemented according to agreed timelines and budget?
    - b) In what ways was the AHP Bangladesh Phase III implemented to achieve good value for money<sup>9</sup>?
  5. To what extent was the AHP Bangladesh Phase III sustainable and ensured ongoing benefits for all groups (including women, youth and people with disabilities)?
    - a) To what extent are stakeholders confident that the benefits of the investment will endure - and why?
    - b) What good practices and innovations used in the AHP Bangladesh Phase III may be continued in future? What practices should be avoided?
    - c) How were affected populations included in the design and implementation of AHP Bangladesh Phase III activities to ensure they have an ongoing voice and ownership over the assistance they receive?
    - d) To what extent was the capacity of local implementing NGOs strengthened to allow them to lead responses and consortia in the future?
  6. How inclusive was the AHP Bangladesh Phase III, in terms of gender, disability, ethnicity, age and other factors?
    - a) What did the AHP investment achieve in terms of protecting the safety, dignity and rights of different groups of affected people and enhancing self-reliance for women and girls, people with disabilities and minorities? What were the enablers or barriers to equitable access to services and what steps were taken to address them?
    - b) Were the consortium's inclusion and equality strategies, including collaborative action on disability inclusion and gender equality, appropriate to meet the needs of different groups of affected people? Were affected populations consulted to check appropriateness and adapted accordingly?
  7. How transparent and accountable was the AHP Bangladesh Phase III to affected populations (including women, youth and people with disabilities) and other stakeholders?
    - a) Did the strategies for accountability to affected populations meet the needs of specific groups effectively, including needs related to protection and resilience? Why or why not?
    - b) What evidence exists of communication and feedback mechanisms for affected peoples and communities influencing program implementation? What evidence did these mechanisms provide on beneficiary satisfaction during the course of implementation?

<sup>9</sup> DFAT's Design and Monitoring and Evaluation Standards outline how consultation with key stakeholders can help define what Value for Money *practically* means for this investment. Value for money should not be a simple calculation of unit of cost per beneficiaries reached.

8. To what extent was the localisation strategy achieved and effective? Why or why not?
  - a) To what extent did the AHP Bangladesh Phase III make use of, and strengthen, local systems and institutions, including civil society (e.g. local women's organisations, organisations of persons with disabilities (OPDs) including disability self-help groups/support communities) and local government?
  - b) To what extent do local actors and affected communities have increased power to make and influence decisions?
  - c) What were the main barriers to involving local actors in the provision of assistance? What approaches, if any, were effectively utilised to overcome those barriers?
  - d) To what extent did the consortium model and support to local Bangladesh NGOs assist them to directly access funding from other donors?

## EVALUATION GOVERNANCE

### Evaluation Utilisation

The evaluation is intended to demonstrate results to communities, local stakeholders, the Government of Bangladesh and donors. It will also demonstrate areas and ways Australian humanitarian assistance might be best placed to support affected populations and provide shared learning and accountability amongst implementing organisations, including DFAT, the six consortium NGOs and their partners in Bangladesh. It will generate evidence and recommendations for program implementation and improvements in Bangladesh in future.

The evaluation process, and the report produced, must be suitable for circulation as DFAT intends to publish the evaluation report. The report should also provide the basis for partners to share findings with affected communities and to generate wider learning through the AHP. To facilitate this, the Evaluation Report summary document should be suitable for wider circulation through the AHP NGOs.

### Evaluation Review Committee

The AHPSU will set up an Evaluation Review Committee to oversee the evaluation. The Review Committee will include representatives from the AHP Bangladesh Consortium Manager, DFAT, AHPSU and the Dhaka Governance Committee. The role of the Review Committee will include endorsing the selected Evaluation Team and reviewing and endorsing the major outputs of the evaluation including the evaluation plan and final evaluation report. The AHPSU will facilitate this process and support the Review Committee to fulfil its role.

A working group made up of the six Consortium agencies will also be developed to support the evaluation team through the process of the evaluation. This will ensure that the evaluation team has appropriate contextualised support to undertake the evaluation, as well as providing the NGOs with the opportunity to learn from the evaluation process and take ownership of the findings.

## KEY DOCUMENTS

Some documents that will be useful for the evaluation are included below. The NGO partners, the AHPSU and DFAT will also make available to the Team Leader other information and documents relating to the project and the AHP as required. The evaluation team is expected to independently source other relevant material and literature.

The key documents include:

- project documents including the Phase III design, MEAL plan, needs assessment reports, program logic, Baseline Study Report (2021), project implementation workplans, progress reports and *AHP Bangladesh Consortium Health Check Report*
- *AHP Bangladesh Review Report & Renewed Ways of Working*

- *DFAT Monitoring and Evaluation Standards* including *DFAT's Ethical Research and Evaluation Guidance*
- *DFAT Aid Evaluation Policy*
- *DFAT COVID-19 Aid Strategy: Partnerships for Recovery: Australia's COVID-19 Development Response*
- *Australasian Evaluation Society Guidelines for the Ethical Conduct of Evaluations*, and the *AES Code of Ethics*, and
- Other reports examining the needs of affected populations, and gaps of current humanitarian assistance in Cox's Bazar, to ensure a broad evidence base for the evaluation.

## EVALUATION DELIVERABLES

The following deliverables will be expected from the evaluation team.

- Draft evaluation plan.
- Final evaluation plan
  - including data collection tools, framework for data analysis and timeline.
- Validation workshop with preliminary findings
- Draft evaluation report
- Final evaluation report
  - maximum 35-page report plus annexes
  - 5-page summary version
  - Including visuals and thematic case studies.

## EVALUATION TIMELINE

The evaluation is expected to commence in March 2023 and be completed by May 2023. The timeframe will enable key findings and recommendations to precede the completion of the AHP Bangladesh Phase III in June 2023, with lessons incorporated into any ongoing AHP activations.

The indicative workplan for the Team Leader and two team members outlines the number of days expected for each part of the evaluation process. This will be further developed in the evaluation plan.

### Indicative actions and days – Team Leader

Table 1

Action	Days
Initial briefing from AHPSU & DFAT and high-level document review	2
Draft evaluation plan, including data collection tools, framework for data analysis, and timeline. Incorporate feedback from AHP NGOs, DFAT & AHPSU	2
Develop a rubric for measurement of the evaluation questions	1
Initial data collection including key informant interviews with stakeholders in Australia	2
Evaluation data collection in Bangladesh including document analysis, consultations with six NGOs and other key stakeholders, as well as interviews, focus groups, and surveys with beneficiaries and local partners	24
Data analysis	5

Presentation of preliminary findings in a validation workshop	1
Development of first draft of report	5
Development of final report	1
Communication of key findings to the Evaluation Steering Committee members and other stakeholders	1
Regular communication with the AHPSU and Review Committee	1
<b>Total</b>	<b>45</b>

#### Indicative actions and days – team members (2)

Action	Days per team member
Initial briefing from AHPSU & DFAT and high-level document review	2
Contribute to evaluation plan, data collection tools, rubric, etc	2
Coordinate the evaluation process in-country between all stakeholders	2
Seek clearance, authorisation and approvals from relevant authorities	1
Support evaluation data collection in Bangladesh including document analysis, consultations with NGOs and other stakeholders and interviews or focus groups with beneficiaries	12
Contribute to presentation of preliminary findings in a validation workshop	1
Contribute to analysis and development of first draft of report	2
Communication of key findings as required, particularly to national stakeholders	2
Regular communication with the Team Leader, AHPSU and Review Committee	1
<b>Total</b>	<b>25 (per team member)</b>

## SELECTION CRITERIA & SUBMISSIONS

### Team Leader

#### Required skills, qualifications and experience

- Advanced academic degree in Evaluation, International Development, Humanitarian Action, or a related field
- Demonstrated experience in humanitarian response and knowledge of humanitarian standards (Core Humanitarian Standards, Sphere, Code of Conduct).
- Demonstrated experience in large, complex evaluations in the humanitarian sector, particularly involving people marginalised by age (especially children), ethnicity, disability and gender.
- Strong understanding of humanitarian and evaluation ethics and a commitment to ethical working practices.

- Demonstrated high level skills with quantitative and qualitative research and analysis.
- Excellent analytical/problem-solving skills and detail-orientation.
- Proven record of communicating with beneficiaries, including through interpreters.
- Highly developed self-management, and communication skills, including advanced English writing skills.
- Relevant subject matter knowledge and experience regarding the key sectors of intervention and the cross-cutting themes (i.e. inclusion, accountability to affected populations and localisation).
- Experience in working with international organisations or NGOs, including abiding by their child protection and prevention of sexual harassment, exploitation and abuse policies.

#### Desirable skills, qualifications and experience

- Demonstrated experience of working in Bangladesh, particularly with the Rohingya refugee community.
- Knowledge of DFAT funding mechanisms, including for humanitarian responses.
- Expertise in one or more of the following areas: Gender equality; Disability inclusion; Monitoring and Evaluation, and ideally Localisation.
- A demonstrated understanding of the impacts of COVID-19 on the implementation of humanitarian and development projects.

## Team Members (2)

#### Required skills, qualifications and experience

- Academic degree in International Development, Humanitarian Action, GEDSI or a related field.
- Thorough understanding of data collection methods.
- Knowledge of Core Humanitarian Standards, a strong understanding of humanitarian and evaluation ethics and a commitment to ethical working practices.
- Demonstrated experience of working in Bangladesh, particularly with the Rohingya refugee community.
- Proven record of communicating with beneficiaries, including through interpreters, and with children using child friendly methods.
- Fluency in English.
- Strong interpersonal and communication skills.

#### Desirable skills, qualifications and experience

- Previous experience conducting end of project evaluations for large-scale projects.
- Demonstrated knowledge of DFAT funding mechanisms.

## Submissions

Submissions are due by **COB AEST 17 February 2023**. Late submissions will not be considered.

#### Consortium submissions

A consortium submission is the preferred approach for this evaluation. The team will include a Team Leader with strong Bangladesh and international experience and proven experience in leading large, complex evaluations, as well as two specialist team members, either Bangladesh nationals or specialists with appropriate cultural, linguistic and contextual understanding.

Consortium applicants must submit four items as per the table below:

ITEM	DETAILS	CRITERIA
Cover letter addressing criteria	Maximum 2 pages combined for Team Leader and team members	Quality of relevant experience
Resumes of the Review Team members	Maximum of 3 pages (each)	Quality of relevant experience
Proposed Methodology	Maximum of 3 pages	Quality in terms of the technical methodology and approach
Indicative budget	Maximum of 1 page	Budget represents value for money

### Individual submissions

Individual submissions will also be considered.

Individuals applying for the Team Leader position should provide a cover letter addressing key selection criteria (max 1 page) resume (max 3 pages), proposed methodology (max 3 pages) and daily consultancy rate.

Individuals applying for specialist team member positions should provide a cover letter addressing key selection criteria (max 1 page), resume (max 3 pages) and daily consultancy rate. **Note:** A single company or organisation – preferably Bangladesh based or with relevant experience - may submit for both team member specialist positions.

**AHP**

Australian Humanitarian Partnership

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## Contact



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